



Notice of Independent Review Decision
REVIEWER'S REPORT

Date notice sent to all parties: August 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patients suffering low back pain

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Lumbar epidural steroid injection.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)
Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	62311		Prosp.	1					Upheld
722.10	77003		Prosp.	1					Upheld
722.10	72275		Prosp.	1					Upheld
722.10	62264		Prosp.	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Certification of independence of the reviewer.
2. TDI case assignment.
3. Letters of denial 06/21/12 & 06/26/12, including criteria used in the denial.
4. Treating doctor's evaluations, treatment and follow up notes 11/11/10 thru 07/16/12.
5. MMI exam 02/11/11.
6. Peer review 03/14/12.
7. MMT and ROM report 02/22/11
8. Radiology reports 2010.
9. Article provided from The Journal of Bone & Joint Surgery 2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who suffered injuries in a fall on a slippery floor on xx/xx/xx. She has had multiple diagnoses including displacement of cervical disc without myelopathy, displacement

of thoracolumbar discs without myelopathy, displacement of lumbar discs without myelopathy, unspecified bursal or tendon disorders of the shoulder, enthesopathy of the hip, sprain/strain of the shoulder and upper arm, wrist sprain/strain, sprain/strain of the radial carpal wrist, and contusion of the upper arm. Symptoms in the cervical spine, upper extremities, and hip have resolved. Lumbar pain and bilateral lower extremity pain, more severe on the left side than the right, have persisted. The patient has been treated with medications, extensive physical therapy, activity modifications, and medial branch blocks at L4/L5 and L5/S1. Currently on the basis of radicular symptoms that are persistent, recommendations have been provided for epidural steroid injection. The recommendation was considered and denied; it was reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient lacks objective physical findings of radiculopathy. As such, she does meet criteria published in the ODG for performance of epidural steroid injections. Her principle complaints are pain, which is persistent in spite of multiple forms of non-operative treatment. The prior denial of this patient's request for preauthorization epidural steroid injections were appropriate and should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)